



*City of Seat Pleasant*  
*Neighborhood & Commercial Compliance*  
6011 Addison Rd, Seat Pleasant, MD 20743 P:301.499.8700 F: 301.499-8702  
[www.seatpleasantmd.gov](http://www.seatpleasantmd.gov)

## **Yard Sale Permit**

Please fill out application in its **entirety** if something does not apply please write **N/A**.  
**Incomplete applications will result in denial of application and delay permit.**  
**Applications Must be submitted at least 7 days prior to the requested date.**

**NATURE OF SALE (Check all that apply):**

☐ Clothing ☐ Household Items ☐ Furniture ☐ Electronics ☐ Toys ☐ Other  
(description) \_\_\_\_\_

**Date requested:** \_\_\_\_\_ **Date(s) requested:** \_\_\_\_\_ **Rain date(s):** \_\_\_\_\_

**Permit Fee:** *Residents are allowed 2 Yard sale permits per calendar year. After that, each additional permit is \$15.*

**Legal Name:** \_\_\_\_\_  
(PLEASE LIST YOUR LEGAL NAME, LAST NAME FIRST, INCLUDING MIDDLE INITIAL.)

**Sponsor:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Location of advertising signs:** *(Signs must be free standing and not affixed to any City Light, traffic pole, sign or any other city property)* \_\_\_\_\_

**Emergency After Hours Contact:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

_____	____/____/____
Owner/ Applicants Printed Name	Date
_____	_____
Signature	

\*\*\*Upon issuance of this permit, the sponsor shall comply with all the conditions set forth in chapter 160-1 through 160-5 of the Seat Pleasant City Code.  
**Yard sale is not to exceed three days! \*\*\***

**THIS PERMIT IS NON-TRANSFERABLE, AND MUST BE POSTED AT THE LOCATION OF THE YARD SALE**

**PLEASE ALLOW TWO WEEKS FOR PROCESSING ALL PERMITS AND LICENSE REQUEST.**